

SEP 24 2018

DEPT OF INSURANCE
BY mek

STATE OF ARIZONA
DEPARTMENT OF INSURANCE

In the Matter of:

OLIVAS, ARMANDO XAVIER
(National Producer # 18462394),

Respondent.

No. 18A-050-INS

DEFAULT ORDER

On August 17, 2018, the Arizona Department of Insurance (“Department”) issued a Notice of Hearing (“Notice”) in the above-captioned matter, a copy of which is attached as **Exhibit A** and incorporated by this reference. The Notice required Armando Xavier Olivas (“Olivas” or “Respondent”) to provide a written answer to the allegations set forth in the Notice within twenty days of the issuance of the Notice. As of this date, Respondent has failed to file an answer. On September 10, 2018, counsel for the Department filed a Motion for Default, a copy of which is attached as **Exhibit B**. As of this date, Respondent has not responded to the Department’s request. Pursuant to A.A.C.R20-6-106(D), a party that fails to file an answer within the time provided shall be deemed to be in default and one or more of the allegations in the Notice of Hearing may be deemed to be admitted.

FINDINGS OF FACT

1. Notice was proper.
2. Respondent is in default.
3. The allegations in the Notice are deemed admitted.

1 **CONCLUSIONS OF LAW**

2 1. The conduct alleged in the Notice constitutes grounds for the Director to
3 suspend, revoke or refuse to renew Respondent's license to transact insurance in Arizona,
4 pursuant to A.R.S. §20-295(A).

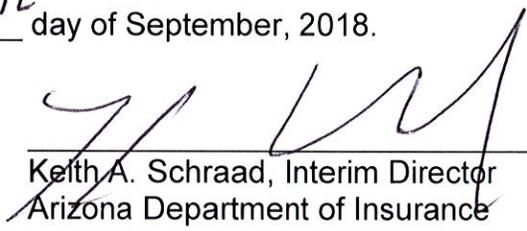
5 **ORDER**

6 IT IS ORDERED:

7 1. The insurance license held by Respondent is revoked effective upon the
8 issuance of this Order.

9 2. The hearing set for **September 28, 2018 at 1:00 p.m.** shall be vacated.

10 DATED this 24th day of September, 2018.

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13 _____
14 Keith A. Schraad, Interim Director
15 Arizona Department of Insurance

16 **COPY** of the foregoing electronically filed this
17 25th day of September, 2018 to:

18 Velva Moses-Thompson, Administrative Law Judge
19 Office of Administrative Hearings

20 **COPY** of the foregoing delivered same date to:

21 Mary Kosinski, Regulatory Legal Affairs Officer
22 Steven Fromholtz, Assistant Director, Consumer Protection Division
23 Aqueelah Currie, Licensing Manager
24 Arizona Department of Insurance
25 2910 North 44th Street, Suite 210
26 Phoenix, Arizona 85018

27 **COPY** of the foregoing emailed same date to:

28 Lynette Evans
29 Lynette.Evans@azag.gov
30 Attorney for the Arizona Department of Insurance

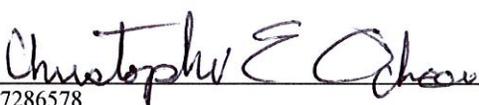
1 Armando Xavier Olivas
2 ARMANDOOLIVAS69@GMAIL.COM

3 Respondent

4 **COPY** mailed same date to:

5 Armando Xavier Olivas
6 c/o Primerica
7 2633 E. Indian School Rd., #410
8 Phoenix, AZ 85016
9 Respondent

10 Armando Xavier Olivas
11 23862 W. Lumbee St.
12 Buckeye, AZ 85326
13 Respondent

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16 7286578

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STATE OF ARIZONA
DEPARTMENT OF INSURANCE

In the Matter of:

OLIVAS, ARMANDO XAVIER
(National Producer Number 18462394)

Respondent.

Docket No. 18A-050-INS

NOTICE OF HEARING

(ALJ Velva Moses-Thompson)

PLEASE TAKE NOTICE that the above-captioned matter will be heard before the Interim Director of Insurance of the State of Arizona (the "Interim Director") or his duly designated representative on **September 28, 2018 at 1:30 p.m., at the Office of Administrative Hearings, 1740 West Adams Street, Lower Level, Phoenix, Arizona 85007**¹.

If you wish to continue this hearing to another date, you must file a motion in writing with the Office of Administrative Hearings not less than **15** days before the scheduled hearing date. Please send it to the attention of the Administrative Law Judge ("ALJ") and include the docket number listed above. You must also mail or hand-deliver a copy of any motion to continue to the Department of Insurance on the same date you file it with the Office of Administrative Hearings.

You are not required to have an attorney represent you. However, if you are represented, your attorney must be licensed to practice law in the State of Arizona. An insurance company may be represented by a corporate officer. A.R.S. § 20-161(B).

You are entitled to be present during the giving of all evidence and you will have a reasonable opportunity to inspect all documentary evidence, examine witnesses, present

¹As authorized under Arizona Revised Statutes ("A.R.S.") §§ 20-161 through and including 20-165 and Title 41, Chapter 6, Article 10 (A.R.S. § 41-1092 *et seq.*).



1 evidence that supports your case and to request that the ALJ issue subpoenas to compel the
2 attendance of witnesses and production of evidence. A.R.S. §20-164(B).

3 A clear and accurate record of the proceedings will be made either by a court reporter
4 or by electronic means. A.R.S. § 41-1092.07(E). If you want a copy of an electronic recording,
5 you must contact the Office of Administrative Hearings at (602) 542-9826. If the hearing was
6 transcribed by a court reporter and you want a copy of the transcript, you must pay the cost of
7 the transcript to the court reporter or other transcriber.

8 Questions concerning issues raised in this Notice of Hearing should be directed to
9 Assistant Attorney General Lynette Evans, telephone number (602) 542-4951, 2005 N. Central
Ave., Phoenix, Arizona 85004, Lynette.Evans@azag.gov.

NOTICE OF APPLICABLE RULES

10 On January 23, 1992, we adopted the rules of practice and procedure applicable in
11 contested cases before the Director of Insurance. The hearing will be conducted pursuant to
12 these rules. A.A.C. R20-6-101 through R20-6-115.

13 YOU MUST FILE A WRITTEN RESPONSE (ANSWER) TO THE ALLEGATIONS IN
14 THIS NOTICE WITH US WITHIN **20 DAYS** AFTER WE ISSUE THIS NOTICE. A.A.C.
15 R20-6-106. YOUR RESPONSE SHOULD STATE YOUR POSITION OR DEFENSE AND
16 SHOULD SPECIFICALLY ADMIT OR DENY EACH ASSERTION IN THE NOTICE. IF YOU
17 DO NOT SPECIFICALLY DENY AN ASSERTION, WE WILL CONSIDER IT ADMITTED. ANY
18 DEFENSE YOU DO NOT RAISE WILL BE CONSIDERED WAIVED.

19 IF YOU DO NOT FILE YOUR RESPONSE ON TIME, WE WILL CONSIDER YOU IN
20 DEFAULT AND THE DIRECTOR MAY DEEM THE ALLEGATIONS IN THE NOTICE AS
21 TRUE. ACCORDINGLY, WE WILL TAKE WHATEVER ACTION IS APPROPRIATE
22 INCLUDING SUSPENSION, REVOCATION, IMPOSITION OF A CIVIL PENALTY AND
23 ORDERING RESTITUTION TO ANY INJURED PERSON.

PERSONS WITH DISABILITIES

24 PERSONS WITH DISABILITIES MAY REQUEST REASONABLE
ACCOMMODATIONS SUCH AS INTERPRETERS, ALTERNATIVE FORMATS, OR

1 ASSISTANCE WITH PHYSICAL ACCESSIBILITY. REQUESTS FOR ACCOMMODATIONS
2 SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME TO ARRANGE THE
3 ACCOMMODATIONS. IF YOU REQUIRE ACCOMMODATIONS, PLEASE CONTACT THE
4 OFFICE OF ADMINISTRATIVE HEARINGS AT (602) 542-9826.

5 The allegations supporting this Notice of Hearing are as follows:

6 1. Armando Xavier Olivas ("Respondent") is and was at all material times licensed
7 as a resident insurance producer with a line of authority in life, National Producer Number
8 18462394, which expires April 30, 2021.

9 2. Respondent's addresses of record with the Department are: c/o Primerica, 2633
10 E. Indian School Rd., Phoenix, AZ 85016 (business and mailing).

11 3. On or about July 3, 2017, the Department issued to Respondent a license as an
12 insurance producer, National Producer Number 18462394.

13 4. On November 6, 2017, the Department notified Respondent by mail at his
14 address of record that his fingerprint card had been processed and returned by the Arizona
15 Department of Public Safety (DPS) as illegible. The Department requested a replacement set
16 of fingerprints along with a completed "Illegible Fingerprint Replacement Form" on or before
17 November 30, 2017. Respondent did not reply to the Department's request.

18 5. On March 2, 2018, the Department notified Respondent a second time by mail at
19 his address of record that his fingerprints had been returned by DPS as illegible and that the
20 Department was about to initiate an administrative action against his license for failure to
21 comply with the fingerprint requirement. The Department requested a response by March 30,
22 2018.

23 6. To date, Respondent has not submitted a full set of fingerprints to the
24 Department.

21 VIOLATIONS

22 7. Respondent's conduct as described above constitutes the violation of the
23 requirement that an applicant submit a full set of fingerprints to the Department within the
24 meaning of A.R.S. § 20-285(E)(2).

1 **E-FILE** of the foregoing delivered electronically
this 17th day of August, 2018, to:

2 ALJ Velva Moses-Thompson
3 oahnoticesofhearing@azoah.com
4 Office of Administrative Hearings

5 **COPY** of the foregoing delivered this
17th day of August, 2018 to:

6 Mary Kosinski, Regulatory Legal Affairs Officer
7 Steven Fromholtz, Asst. Director, Consumer Protection Division
8 Aqueelah Currie, Licensing Manager
9 Arizona Department of Insurance
10 100 N. 15th Ave., Suite 102
11 Phoenix, Arizona 85007

12 **COPY** mailed same date by Regular Mail
13 and Certified Mail, Return Receipt Requested, to:

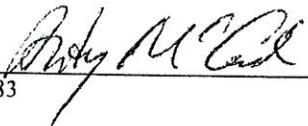
14 Armando Xavier Olivas
15 Primerica
16 2633 E. Indian School Rd.
17 Phoenix, AZ 85016
18 Respondent

19 Armando Xavier Olivas
20 23862 W. Lumbee St.
21 Buckeye, AZ 85326
22 Respondent

23 **COPY** sent same date via electronic mail to:

24 Armando Xavier Olivas
ARMANDOOLIVAS69@GMAIL.COM
Respondent

Lynette Evans
Assistant Attorney General
AdminLaw@azag.gov
Attorney for the Department of Insurance


7216683

STATE OF ARIZONA
FILED

SEP 10 2018

DEPT OF INSURANCE
BY MEK

1 MARK BRNOVICH
2 Attorney General
3 Firm Bar No. 14000
4 Lynette Evans
5 State Bar No. 021069
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7 Public Law Section
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9 Phoenix, Arizona 85004
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11 Facsimile: (602) 542-4385
12 E-mail: Lynette.Evans@azag.gov
13 Attorneys for the Arizona Department of Insurance

STATE OF ARIZONA
DEPARTMENT OF INSURANCE

In the Matter of:

No. 18A-050-INS

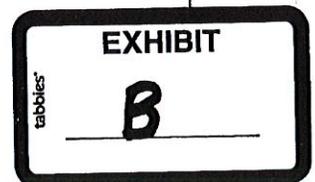
OLIVAS, ARMANDO XAVIER
(National Producer Number 18462394)

MOTION FOR DEFAULT

Respondent.

The Arizona Department of Insurance ("Department"), by and through undersigned counsel, hereby requests that the Findings of Fact and Conclusions of Law set forth in the Notice of Hearing and incorporated herein by reference be entered in this matter, deeming Armando Xavier Olivas ("Olivas" or "Respondent"), in default, deeming the allegations set forth in the Notice as true, and ordering that Respondent's insurance license be revoked.

On August 17, 2018, a Notice of Hearing ("Notice") was filed in this matter and served upon Armando Xavier Olivas at his address of record via certified mail pursuant to A.R.S. § 41-1092.04. On August 23, 2018, the Department received the certified mail return receipt, No. 7004 0750 0001 8551 3176, showing that the Notice had been delivered and accepted at Respondent's business and mailing addresses of record: 2633 E. Indian



1 School Rd., Suite 410, Phoenix, AZ 85016. A copy of the certified mail receipt is attached
2 to this request as **Exhibit A**.

3 Respondent had twenty (20) days from the date of issuance of the Notice to file a
4 written answer to the allegations contained therein pursuant to Arizona Administrative Code
5 ("A.A.C") R20-6-106. As of the date of this Motion, Respondent has not filed an answer nor
6 has he appeared through counsel. Rule 20-6-106(D) of the Arizona Administrative Code
7 provides that if an answer is not timely filed, the Respondent shall be deemed in default
8 and the Director may deem the allegations set forth in the Notice of Hearing as true and
9 take whatever action is appropriate including revoking the license.

10 The allegations supporting the Notice of Hearing are as follows:

11 1. Armando Xavier Olivas ("Respondent") is and was at all material times
12 licensed as a resident insurance producer with a line of authority in life, National Producer
13 Number 18462394, which expires April 30, 2021.

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15 2633 E. Indian School Rd., #410, Phoenix, AZ 85016 (business and mailing).

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21 set of fingerprints along with a completed "Illegible Fingerprint Replacement Form" on or
22 before November 30, 2017. Respondent did not reply to the Department's request.

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24 mail at his address of record that his fingerprints had been returned by DPS as illegible and
25 that the Department was about to initiate an administrative action against his license for
26 failure to comply with the fingerprint requirement. The Department requested a response
by March 30, 2018.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>J. Gilmore</i>
1. Article Addressed to: Armando Xavier Olivas c/o Primerica 2633 E. Indian School Rd. #410 Phoenix, AZ 85016	B. Received by (Printed Name) <i>Jen Gilmore</i>
2. Article Number (Master number)	C. Date of Delivery <i>8/2/18</i> D. Is delivery address different from item 1? If YES, enter delivery address below: <i>SUITE # 410</i>
3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Master number) 7004 0750 0001 8551 3176	
PS Form 3825, February 2004 Domestic Return Receipt 10254-02-000-1000	

UNITED STATES POSTAL SERVICE
 FIRST CLASS MAIL PERMIT NO. G-10

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

* Sender: Please print your name, address, and ZIP+4 in this box *

RECEIVED
 AUG 2 3 2018
 ARIZONA DEPT. OF INSURANCE
 ADMINISTRATIVE SERVICES

Arizona Department of Insurance
 100 North 16th Avenue, Suite 102
 Phoenix, AZ 85007-2624

M. Kosinski - Docket No. 18A-050-1WS